

global issues

July 1999 Volume 4, Number 2

**Confronting  
Drugs**  
**Community  
Initiatives**



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Prevention begins with parents  
and families, and requires the support of  
schools and communities. The most important  
tool we have against drug use is  
not a badge or a gun, it is the kitchen table.  
Parents can prevent drug use by  
sitting down with their children  
and talking with them — honestly and  
openly — about the dangers of drugs  
to young lives and dreams.

*Barry McCaffrey, director  
Office of National Drug Control Policy*

June 16, 1999, testimony before the Subcommittee on Criminal Justice, Drug Policy, and  
Human Resources of the House Government Reform and Oversight Committee



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# FOCUS

## Finding Common Cause in the Campaign Against Drugs

by Barry R. McCaffrey, director  
Office of National Drug Control Policy

An effective counter-drug strategy must focus on both supply and demand. The struggle against abuse must take place in homes and schools in every community. The problem presents itself anew as each generation of children leaves innocence and comes to maturity. We'll be able to overcome substance abuse when parents, teachers, citizens, and government officials all work together to teach youngsters to reject illegal drugs and accept healthy lifestyles.

In 1997, my office enlisted a formidable cross-section of Americans in this effort. The "Prevention Through Service Alliance" brought together 47 civic, service, veterans, women's, and fraternal organizations to help reduce drug use among youth. These organizations represent one hundred million people from almost a million local chapters across the United States. They have now taken up the work of substance abuse prevention just as they strengthened the social fabric over the years with efforts to improve the lives of needy people within their communities.

We have 4,300 Community Anti-Drug Coalitions, in towns and cities within every state, that are devoted to helping youngsters understand the dangers of substance abuse. The individuals, families, and communities involved are taking

responsibility to discover why people use drugs, determine what stops drug use, and implement actions to make families and communities drug free.

To bolster their efforts, the U.S. Congress created the Drug-Free Communities Support Program in 1997. The program provides grants of up to \$100,000 for a one-year period to enhance collaboration and coordination in fighting illegal drugs, alcohol, and tobacco.

The first grants were awarded to 92 community coalitions in 1998. Our office, in partnership with the Justice Department's Office of Juvenile Justice and Delinquency Prevention, also offers training and technical assistance in drug abuse prevention for these local groups. In addition, we help them gauge their progress by evaluating achievements. The Drug-Free Communities Advisory Commission, appointed by President Clinton, also works to provide information and guidance to these groups. Parents, youngsters, schools, and youth clubs are involved but so are businesses, media, law enforcement, civic groups, and health care professionals.

In assisting local groups, we share experience and insight about approaches proven to be effective. We've found that any strategy to reduce substance

abuse must be based on a comprehensive assessment of problems. The best prevention programs employ multiple strategies and are tailored to a target audience. They don't end with just one session; follow-up sessions reinforce behavioral change. Finally, these efforts must be open to regular scrutiny to measure results.

Raising community awareness and spreading the message about the dangers of substance abuse are critical activities, and we have some time-tested suggestions in this regard for local groups. Using the media to strip away denial and make people aware of both the problem and the solution is only the first step. Community coalitions are particularly effective when they don't just preach but help people develop useful skills. Parenting classes and media literacy programs for adolescents are two examples.

Curious youngsters need more than information and media savvy if they're going to stay away from drugs. They need interesting activities that allow them to resist the temptation of drugs. Art, music,

drama, sports, and volunteer efforts have always enriched the lives of young people and motivated them to avoid destructive behavior.

More than 50 federal agencies work alongside the Office of National Drug Control Policy to create the infrastructure of the U.S. drug prevention effort. At the same time, thousands of local groups around the country help people avoid substance abuse and recover from the heartbreak it may have brought. Statistics show that we're following the proper course. Drug use in the United States reached an all-time high in 1979, with 13 percent of the population reporting use of some illegal narcotic. By 1997 the figure was down by more than half, with only 6 percent of the population reporting drug use.

Today our goal is to halve that figure again. We hope to reduce the rate of drug use in the population to only 3 percent. With so many citizens, families, and groups pursuing the work of prevention in communities across the nation, we are confident this goal can be reached.

# DRUG COURTS MARK A DECADE OF SUCCESS

U.S. Attorney General Janet Reno

*Drug courts have become one of the judicial system's most effective strategies for rehabilitating drug offenders. Judges, prosecuting attorneys, and defense attorneys work together with the offender in a regimen of hearings and interviews devoted to reform and rehabilitation as well as to punishment. In an intense program of monitoring and supervision, the judge can become the defendant's confessor, mentor, and taskmaster, all the while recognizing the serious and debilitating nature of drug abuse as a disorder.*

*U.S. Attorney General Janet Reno was the state attorney in Dade County, Florida, in 1989, and helped to establish the first drug court in the United States. Reno was a featured speaker when the National Association of Drug Court Professionals met in Miami in June 1999 to recognize a decade of progress. Excerpts of her remarks are presented here.*

When I think of what has happened in 10 years, I just say it did work. You can make a difference and you can get ideas and see them come to fruition. You can see peoples' lives saved. You can see babies born drug-free. You can see people have a new beginning. You can see crime go down. And it is because of the energy and the commitment of the people in this room, and I salute you and say "keep on."

There are now more than 390 operational drug courts and more than 200 in the planning stages. Even more amazing is the adoption of the drug court philosophy of treatment combined with sanctions — I call it the good old-fashioned carrot and stick approach.

I think it represents a new era for the courts of this nation. If the courts can control the case, if the courts can have the resources to give juvenile

delinquents a chance to grow strong in a positive way and impose changes, and if the courts can be assured of a reentry program that gives people an opportunity to come back to the community with a chance of success, courts can make an extraordinary difference. If courts look at it from a problem-solving point of view and a community point of view rather than just as legal theories, it can really, truly make a difference. I think it is a new era because we have come to recognize that the criminal justice system, in partnership with the public health community, can do so much more together than either can do apart.

Look at what happened. More than 140,000 individuals have enrolled in drug courts around the nation and probably for the first time received real supervision, real treatment that can make a difference in enabling them to become clean and sober. More than 14 states have enacted legislation relating to authorizing or funding drug courts and several more states are on their way in doing so.

Our communities are benefiting. More than 750 babies have been born drug-free to drug court participants. This is one of my favorite statistics. We have got to expand because there are too many children still being born riddled with drugs. More than 3,500 parents were able to regain custody of their children as a result of their drug court participation. More than 4,500 parents have become current in child support payments as a result of drug court participation, and I think that's wonderful.

One of the points that was very clear to us all was that we must have an evaluation of the drug court to continually, constantly look at how we could improve it, that we could never let our standards

be impaired. Those evaluations have been extraordinarily important and today we know much more about the success of drug courts than we did even last year. We know from last year's Columbia University National Center on Addiction and Substance Abuse Study that drug courts provide closer, more comprehensive supervision, and much more frequent drug testing and monitoring during the program than other forms of community supervision. More importantly, drug use and criminal behavior are substantially reduced while offenders are participating in the drug court.

These are concrete results. We are beginning to see a drug court system that breaks the cycle of substance abuse and crime. I believe the drug court concept as it is expanded into other areas can be absolutely instrumental in helping this nation end the culture of violence that's plagued it for too long.

I used to wonder what would happen if we started looking at crime in America from a problem-solving point of view, with the coming together in each community of police, schools, parks, recreation specialists, business people, and the medical community. If we can come together, if we can deal with guns as we have dealt with drugs and drug courts, if we can deal with the problems of youth who are unsupervised and alone too often in the afternoons and evenings, we can truly make a difference in this country.

We can continue to reduce violence — it has gone down seven years in a row — if we continue what you are about here today. But it is imperative, if we are to succeed, for drug courts to reach a broader population and to have an even greater impact on all aspects of our community. Despite all of the successes we have witnessed, we're reaching only a small fraction of the approximately 800,000 arrests that are made for drug possession annually, not to mention drug-related offenses and probation violations. The drug court approach can provide the structure to judicially supervise all cases — adults, family, and juveniles — that cover substance abuse offenders. We know it works.

The Justice Department and the government are really pleased. I'm elated to be able to see the increase in federal support for the work that you are doing in your community. Compared to your \$11.9 million appropriation four years ago, today the appropriation is \$40 million.

We can't stop there. It is not money that's going to make the drug courts the tremendous success they can be. Drug courts are about people, about solving their problems. Because of the people in this room from all over this country, we have shown that you can approach these problems with people in mind, with their hopes, their fears, their dreams, their failures, their frustrations, and help them rebuild a life. We can solve their problems and we can solve the nation's problems and make this nation a safer, healthier place for all to live.

# ADOPTING A GLOBAL PERSPECTIVE TO SAVE SCHOOL CHILDREN FROM DRUGS

*An interview with William Modzeleski, director of the Safe and Drug-Free Schools Program at the U.S. Department of Education.*

*Modzeleski says that comprehensive school/community-based strategies are being adopted to prevent drug and alcohol abuse in schools, including programs that are steeped in research and have demonstrated an impact on changing student behavior. Modzeleski was interviewed by Jim Fuller.*

**Question:** What strategies are being used to prevent the use of alcohol and drugs in our schools?

**Modzeleski:** The Safe and Drug-Free Schools Program is the major program of the federal government designed to help schools prevent alcohol, drug abuse, and violence in schools. It's the only program that provides funds directly to state education agencies, and in turn to local school districts around the country.

About 97 percent of the school districts in the United States actually receive funds from the Safe and Drug-Free Schools Program for drug prevention, violence prevention, and school disciplinary programs — programs basically designed to create safe havens for learning and prevent alcohol and drug use among children.

Historically, schools have utilized these funds and other funds from the state government and local entities to develop programs such as DARE (Drug Abuse Resistance Education) or "Here's Looking At You 2000" to provide children with information regarding alcohol and drugs.

More recently, however, the programs have evolved from being just providers of information to what we call social skills-building programs. These

programs actually provide kids with the skills necessary to not only better understand the issues related to alcohol and drugs, but also the social skills necessary to prevent them from taking drugs or using drugs when other kids try to get them involved in alcohol and drug use.

This has been an evolutionary process, and right now programs are looking at a much broader-based comprehensive strategy for drug and violence prevention. We clearly understand the very significant role for schools in issues related to drug abuse. But if we're going to be successful in our efforts to combat drug use in this country we need to get the family involved, we need to get the community involved, and we need to get the schools involved.

So our strategy has really been to develop what we call school/community-based strategies that look at this from a much more global perspective.

**Q:** The Department of Education for several decades has supported programs such as "Just Say No" or DARE, where police officers visit the schools to talk about drugs. Are these programs being replaced?

**A:** They're being replaced, for the most part. On July 1, 1998 we issued a rule called the Principles of Effectiveness, whereby we stated that all schools utilizing Safe and Drug-Free Schools funds really had to follow four principles:

- One, they had to do an assessment of the problems they were facing in their schools;
- Two, they had to, with the help of students and the community, set measurable goals and objectives;

- Three, they had to use research-based programs, and programs that we knew had some measurable results or effectiveness in reducing alcohol and drug abuse; and
- Four, they needed to conduct evaluations.

We know that alcohol and drug abuse are very complex issues. It's not as simple as telling kids to say no. And if we're going to be effective we need to do more than just tell kids to say no. We have to engage in a variety of programs, a variety of prevention efforts, and a variety of early intervention efforts.

Schools are beginning to recognize that and are beginning to back away from some of the more simplistic programs that were very well intended, and I think served their need years ago. But at this point in time I think we've learned a lot from research and we're moving towards the implementation of programs that are steeped in research, and have been demonstrated to have an impact and effect on changing behaviors and reducing alcohol and drug abuse.

**Q:** What is the current state of drug and alcohol use in our schools?

**A:** First of all alcohol is by far the most widely used substance among kids. Its use has gone up and down, but right now it's being used at a very unacceptably high level. As for drug use, marijuana is by far the most popular drug among kids. However, overall illicit drug use over the past year has shown a slight decrease among 8th, 10th, and 12th graders. But this slight decrease was preceded by five years of steady increases, which were preceded by about a decade of steady decreases. So this is a cyclical issue in which we've seen increases followed by decreases.

What we also know is that if we can change the behavior — the attitudes of kids regarding alcohol and drugs — after about a year we see that drug use actually goes down. So we're buoyed by the fact that as we look at the attitudes of 8th, 10th, and 12th graders in regards to illicit drugs, we firmly believe that this one-year decrease in drug use last year will continue for a couple more years.

I think there are other actions and activities, such as the media campaign that the Office of National Drug Control Policy is undertaking, which will help foster and reinforce positive attitudes, rather than negative attitudes that can lead to further use of alcohol and drugs.

Actually, I don't think alcohol and drug use is a serious problem in our schools. I think that we've done a very good job of curtailing it in the schools. Every school in this country has policies against illicit drug use; against alcohol use; against the possession, use, sale, transfer, distribution, purchase, storage of illicit drugs and/or alcohol. So clearly, on the policy front, we're in the right place. Every school has banned it.

Secondly, while we do know that drugs and alcohol come onto campuses, I think that we've done a great job in getting teachers and administrators to clearly recognize the fact that there's no place for alcohol and drugs on campuses. They shouldn't be accepted. They shouldn't be tolerated there. We have a significant number of schools developing zero tolerance policies for alcohol and drugs in schools.

We feel that teachers are becoming more attuned to these issues, more aware of the relationship between alcohol use and education, teaching, and learning. That's an important point. I think that, from the education perspective, we clearly understand that kids who use illicit drugs or engage in the use of alcohol cannot do their best as students, and as we move towards creating higher standards for learning, as we move towards really improving our educational system to ensure that all types of students meet the high standards set by states, there's no room for alcohol and drug use.

So on the school front, I think we're doing a good job. There's always room for improvement. I think that we have to continually strive to ensure that kids get the message that alcohol and drugs are not to be tolerated.

Now, alcohol and drug use in schools, that's one issue. The broader issue is, are we doing a good job in preventing overall alcohol and drug use? And I think that that story is mixed. We have a

large school system in this country. We have 53 million students going to school, and I don't think that any of us are going to sit here and say that all 53 million are marching off to school every day without abusing alcohol or drugs. We have seen some declines this past year. We hope that those declines continue for the next couple of years. We think we're on the right road. We think, with more comprehensive programs, with linking schools up with communities, linking all of that with a national campaign that gets parents and students to recognize that this type of behavior is unacceptable, that we will continue down the right road.

**Q:** You've mentioned stronger school policies and better teacher-student relationships. What do you think is really the key to preventing drug and alcohol use among students?

**A:** I think that prevention starts very early on. I think that we can't wait until high school or junior high school or even fifth or sixth grade for prevention. I think that the best way to prevent alcohol and drug abuse is to start in the family, before kids come to school. Mothers and fathers need to talk with their children about not only alcohol and drug use but what is right and what is wrong, what is acceptable behavior, what is unacceptable behavior. This goes for a variety of behaviors, including but not limited to alcohol and drug abuse. The best prevention is setting out rules and standards very early on.

I think that the school's role is to reinforce that. I don't think schools can serve as surrogates or substitutes for parents. The parents have to really start that, and then it's reinforced by the community, reinforced by the school. If that message is not clearly coming from home, it's very difficult for teachers to turn around what is said or done in the home.

There are things that schools can do. I think that the Secretary of Education often talks about the issue of connectiveness. That's an important issue — connectiveness meaning that what we need to do is a better job of connecting youth to adults — whether it's a mentoring program; or whether it's smaller class sizes where teachers clearly recognize everybody in their classroom; or whether it's smaller schools where nobody falls through the

cracks, and kids have opportunities to engage in sports, the arts, and the academic side of things; or whether it's through teachers who are professionally trained to recognize warning signs of kids getting into trouble, of kids using alcohol and drugs, and to relate to that.

Prevention is not merely putting a program in a school for one hour a week for 15 or 20 weeks and saying, "Now we've done our prevention." Prevention is a lifestyle, prevention is a process, prevention is a strategy, prevention has to start early and has to run through everything we do throughout the school year. If we don't do it that way, we're never going to be successful.

**Q:** Are school programs trying to get this message across to parents — about being more connected with their kids?

**A:** As I said, parental involvement is critical, and the entire Department of Education is looking at ways to get parents more connected to the lives of their kids. President Clinton and the First Lady have talked about this repeatedly.

And the issue here is not only for parents to be spending more time with their kids, but more quality time. There's a beautiful television ad on drug prevention produced by the Office of National Drug Control Policy. You have a young boy eating his cereal at the kitchen table, and the father sitting there reading a newspaper, and for 45 seconds there's absolutely no conversation. And the ad says: "You've lost an opportunity to talk about this issue." And I think that says it all. That dad is spending time with that boy. But we need to look at the quality of the time parents are spending with their children.

And it's not only parents. We also have to look at other social institutions that have been created in our society to help. Such as churches, athletic teams, and youth-serving organizations, like boys and girls clubs — all of these are part of the fabric. I don't want to say that this is just about parents or this is just about schools. This is about the community in which parents and schools play a key role. There are a lot of other groups and organizations out there that really need to get engaged in the lives of families, in the lives of kids,

and the more we can get that engagement, I think the better off we're going to be.

**Q:** Do you think it's going to be possible to give increased individual attention to students when some of our large high schools enroll as many as 5,000 students?

**A:** The Department of Education is not saying to take our large schools — those with as many as 5,000 or 4,000 students — and knock them down with a bulldozer. I think what we need to do is look at these schools that are already large schools, and work on creating schools within schools. Whether you do it through a grade structure or through schools within schools — there are clearly ways in which you could create a feeling of being in a small, intimate school where nobody falls through the cracks, even in a facility that has a large number of kids.

**Q:** Are we spending enough money for these programs?

**A:** I would clearly say that we, collectively — including the federal, state, and local governments, as well as community groups and organizations — are probably not spending enough on the issue of prevention. We're not putting enough time and money and effort into it.

I think the second part of that question is that not only are we collectively not spending enough, but we're probably not always spending it on the right things.

So we have to look at how do we get more resources into prevention and early intervention, but we also need to look at making sure that what we spend the money on is of quality. It's sort of like buying an appliance. You don't want to buy an appliance and have it break down after a year. Let's buy the right one. Let's buy something of quality.

I think we have to say the same thing when we serve kids. Let's make sure the program works, and make sure the program is a quality program so that it is of some value to the community and to the child.

**Q:** Are you optimistic about being able to tackle the drug abuse problem in the future?

**A:** Very optimistic about the future. I think that we're learning more from research, and I think that we know more today than we knew five or 10 years ago; and I think there's more of a willingness on the part of communities to look at this as the complex problem that it is, and to work with the entire community to solve the problem rather than having merely one or two people in the school system looking at how to solve the problem.

Also, we have more and more school systems looking at this from a school/community perspective and saying this is more than just a curriculum issue. We have to do more than just put somebody in a school for an hour a week or whatever the case may be, and there is a willingness to basically attack this problem from a broad-based, comprehensive perspective.

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*Jim Fuller writes on global issues for the United States Information Agency.*

# COMMENTARY

## Drug Abuse Prevention is Everybody's Business

By Bernie Diaz

*The Miami (Florida) Coalition for a Safe and Drug-Free Community is among the most successful substance abuse prevention programs in the country. It played an instrumental role in establishing the Miami-Dade County Drug Court described by Attorney General Reno. Founded in 1988, the group's work has contributed to significant declines in substance abuse problems, as documented in numerous federal, state, and local surveys. The coalition has helped develop programs to introduce substance abuse prevention in job training programs, and to specifically focus prevention efforts on Haitian and Cuban immigrants. The members of the coalition have assisted like-minded people in 564 American cities and 64 nations to establish anti-drug community coalitions.*

The decade-long success of the Miami Coalition for a Safe and Drug-Free Community in fighting substance abuse is neither mysterious nor complicated. It is a fundamental and organized effort between various factions in the private sector to combat a dangerous, societal ill. Moreover, it has become the most influential coalition of its kind in the United States and throughout Latin America. Recently, the coalition has been besieged with requests from public and private sector leaders in Argentina, Peru, and Columbia on how to best organize such associations in their own struggle against drugs.

The most intriguing and to some mystifying aspect of the coalition's effectiveness has been the willingness of the business community to join the regional effort. Businessmen could have distinct disincentives for participation. Community activism doesn't contribute to corporate profits. Other community groups swamp business leaders with requests for involvement. Many of these leaders have had neither the time nor inclination to do so efficiently and consistently.

Despite those disincentives, the coalition broke through to the private sector in 1988. A group of socially active business and community leaders, many from the Greater Miami Chamber of Commerce, responded to an urgent local problem. They involved their peers by effectively communicating the need for business to be involved in the drug prevention effort for financial, if not altruistic, reasons.

Through the mid-to-late 1980's, greater Miami suffered a crack cocaine epidemic of staggering proportions. The Latin American drug cartels were a menacing presence on the local scene. Rates of drug abuse and related crimes were at all-time highs. A successful and nationally popular television program, "Miami Vice," portrayed the oceanside tropical city as a place of rampant drug

trafficking, violence, and crime. The successful action-adventure show undermined Chamber of Commerce efforts to portray the city as a decent and stable place to do business.

Then, the business community began to recognize how substance abuse was adversely affecting profits. Analysts estimate that profits nationwide erode by nearly \$100 million per year because of poor performance from drug users in the corporate workforce. Increasing absenteeism, tardiness, accidents, worker's compensation claims, and lost productivity among substance-abusing workers were all causing losses in company profits. A U.S. business may pay several thousand dollars more per year for each of its drug using workers than it does for employees who do not engage in substance abuse. That number takes on greater significance combined with other statistics examining substance abuse on the job. According to a survey conducted by the federal Substance Abuse and Mental Health Services Administration, between 7 and 9 percent of full-time employees report drug or alcohol use while working.

Coalition leaders and volunteers who founded the organization were inspired by the dream of making Miami business drug-free. Bill Stokes, an executive with the technological giant Lockheed Martin, was an original coalition leader after having helped form a predecessor group, Businesses Against Drugs, known as B.A.D. Of the coalition's initial mission, Stokes said, "If the parents didn't do it (prevent young people from using drugs), who would? We knew the coalition was the right thing for the community, improving the quality of life. Businesses had to take the lead."

Critical to the group's success was a strategy allowing coalition founders to rally support among their peers in the business community. Among the keys to success were:

- **No Politics!** It became apparent that keeping the public sector (government) at a distance from the coalition leadership would be important. Aaron Podhurst, a founding member and prominent local attorney, said, "Once they (local politicians) get involved, they have political or electoral agendas, public agendas which can get in the way."

- **Credit where credit is due.** Stokes said, "Many civic minded people do things for several reasons. For some it's networking reasons, for others it may be self-satisfaction or ego gratification. Either way, we have to take advantage of that and give those folks the credit."

- **A social conscience.** According to executive committee member Marty Urra, a former local AFL-CIO chief, "A coalition needs a core group of socially active or conscious business leaders. It is those types of individuals with a passion for an issue and a community, who will attend and become active in board meetings and projects."

Adherence to these principles in the pursuit of aggressive goals has led to a decade of significant achievement in reducing the drug problem in the Miami-Dade County area. Sixty percent of the area's workforce is employed by businesses or agencies that have adopted a drug-free workplace policy. Stokes found a way to communicate these strategies to his business peers, saying, "We tried to sell them on the idea that a drug-free workplace would be as good for business as it would be for the community. Since that time, Miami has been making a difference in the workplace."

Just as important, the coalition accomplished its original mission — to greatly reduce the crack cocaine epidemic it faced more than a decade ago. Miami-Dade County cocaine and crack-related deaths have stabilized among adults since 1993. Cocaine-related arrests declined by nearly 20 percent from their 1989 peak, according to the National Institute of Justice.

Acknowledging the media's impact on the culture, particularly among youth, the coalition began and has cultivated outreach efforts with local media. This has enabled south Florida to become the number one media market in the United States for broadcasting anti-drug messages produced by the Partnership for a Drug-Free America over the past five years.

In addition, the coalition influenced the formation of the nation's first county drug court, which provides treatment for drug-involved first-time offenders and has now been replicated in more than 300 cities.

The coalition helped secure the region's designation by the federal government as a High Intensity Drug Trafficking Area (HIDTA), bringing additional law enforcement resources to the area. Also, the coalition's community-based drug abuse surveillance system consistently has been among the first to identify and report emerging national drug trends, including the introduction of South American heroin, a surge in marijuana use among youth, and the arrival of Rohypnol — the so-called "date rape" drug — into the United States.

However, the end of the drug war is not yet in sight. As one epidemic is controlled, another is spawned. Because the coalition has observed violent crime in connection with drug abuse, the organization is incorporating violence prevention in its program. The Miami Coalition will attempt to utilize the same fundamental, common sense approaches to reducing violent crime as it has in reducing drug abuse.

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*Bernie Diaz, director of communications for the Miami Coalition for a Safe and Drug-Free Community, coordinates many of the coalition's community outreach and education efforts.*

# It Can Happen Here: Fighting the Drug Problem in Small Towns

By Charlene Porter

Hazleton is a small quiet city tucked among the rolling green hills of northeastern Pennsylvania. Coal was once dug from those hills. Decades ago thousands of European immigrants left the major urban centers of Philadelphia, Pennsylvania, and New York City to work in the mines. Church spires and Orthodox domes define the cityscape of this town, not skyscrapers. But this benign appearance hides a darker side of Hazleton. Substance abuse — in the form of alcohol and narcotics — is wasting lives, mostly younger lives.

Thirty years ago, heroin was a drug of choice in major urban centers, and virtually unknown in small cities like Hazleton. Mayor Mike Marsicano, a native of the city, remembers a time when heroin wasn't available to any would-be users in his town, but now that's changed. "It's as common as marijuana," he says. "It's very easy to get today." Once a state police officer, this 51-year-old public official says the city's easy highway accessibility to New York (210 kilometers) and Philadelphia (140 kilometers) contributes to the availability of heroin and other narcotics.

Two floors below the mayor's office in the basement is the police evidence room. The items stored there — all carefully marked and packaged for presentation in court — prove that many vices have reached Hazleton. Heroin, marijuana, amphetamines, powder cocaine, crack cocaine, and guns almost spill off the shelves in this small room.

Hazleton Police Sergeant Ralph Lindsey leads a visitor into the evidence room. Most of the town's people will never see the proof of drug use in their community, but he says, "It's here. We can't close our eyes."

Close to 20 deaths from heroin overdose have occurred in a three-county region around Hazleton since the beginning of 1999. In this close-knit area, where families have known each other for generations, those deaths take on much larger significance than they would in an urban center where larger populations breed anonymity. Lindsey says, "People had figured that this wasn't their world. Now they see that it is their world. Maybe that growing consciousness is what we need."

Creating that consciousness is a primary goal for the Greater Hazleton Area Drug Free Task Force, formed in 1997. Hazleton City Councilman Lou Barletta, now a candidate for mayor, was among the original members. He agrees with Lindsey, another task force member, that the people of the area didn't want to believe that a big city drug problem had come to their small city. Barletta says the task force set out to change that. "The task force took this problem and put it right in the forefront, put it in their face, put it in the newspaper."

The public responded positively to an early task force project — a drug tip telephone hotline that allows citizens to anonymously alert authorities about suspected drug activity. Police investigators receive about 12 calls a month and have made arrests based on information provided by the public through the hotline, Lindsey says.

## Crossing Boundaries

Ed Pane is the founder of the Greater Hazleton Area Drug Free Task Force and the president and chief executive officer of Serento Gardens, a private non-profit organization providing alcoholism and substance abuse treatment services from an office just two blocks from city hall.

In only 18 months since the task force was founded, Pane says the group has managed to overcome one of the problems that hampered earlier efforts to address substance abuse in the area — the political boundaries that divide the larger community of some 80,000 people into a patchwork of townships and boroughs surrounding the city of Hazleton itself. "There are no boundaries to drug dealers," Barletta says, emphasizing the pervasiveness of the problem.

The task force transcended political boundaries with successful lobbying campaigns to win anti-drug commitments from many of the area's distinct governmental bodies. A high profile lobbying effort won pledges from 16 local and regional governments to participate in the campaign promoting a "Drug Free Greater Hazleton."

Lindsey calls that "a significant step" because of the community pressure it created for public officials to devote more attention to the issue.

That success led the task force to pressure the local governments for stronger legislative action. The group won regional adoption of an ordinance that bars the sale and possession of drug paraphernalia, the devices and accessories used in drug consumption, storage, and concealment.

In passing the ordinance, these local governments have gone into uncharted territory in the efforts to control drug activity, according to Hazleton attorney John Rogers who wrote the ordinance in his capacity as a task force member. Rogers says the ordinance is more strict than a state law that regulates the same types of items, but local governments agreed to passage because "we shamed them into it."

Rogers says the ordinance makes paraphernalia possession a summary offense, the most serious form of crime that falls within the lawmaking powers of local governments. Conviction carries a maximum 90-day jail sentence and a \$300 fine.

District Justice Joe Zola calls the ordinance a "basic foundation" to the anti-narcotics component of the task force's campaign of substance abuse prevention. He has convicted about 30 individuals for possession of outlawed paraphernalia since the

ordinance was adopted by the city of Hazleton less than a year ago.

The greatest victory achieved with this ordinance, according to task force members, is a citation against a local shop that stocked drug paraphernalia. The store owner responded to the charge by taking the items off his shelves.

### Fighting it Everyday

Heroin and narcotic use may be the most deadly and sinister form of substance abuse plaguing Hazleton, but many believe that alcohol abuse among teenagers is a greater problem.

The discovery of her 17-year-old son's alcoholism is what committed Sharon Rish to working with the Hazleton task force. Active in the public education campaign, she says, "Nowadays, any 13-year-old knows exactly where to go and who to contact to get beer. It is too easy, and because of that we are seeing 15 and 16-year-olds totally, physically dependent on alcohol."

As the season for high school dances and graduation parties approached in the spring of the year, task force members recruited many of the area's beer distributors to help in the campaign against teenage drinking. Sixty percent of the major beer retailers in the area joined the task force in conveying a tough message to their customers about teenage drinking.

"Attention Parents of Graduates" says a printed flier lying next to the cash register in the Keystone Case and Keg, a beer store. The task force printed these fliers for beer store customers, warning that providing alcohol to minors under Pennsylvania state law is a crime that can bring a sentence of up to five years in jail and a \$10,000 fine.

Keystone owner Amy Urban says, "We have more people than I expected taking that (the flier). They aren't aware it's a \$10,000 fine. That's a lot of money."

Rish says, "We just wanted to let people see that it (the law) is pretty strict." The mother whose son was in an alcohol treatment center at age 17 adds, "It puts a bit of fear in people."

The commitment and earnestness of task force members is evident. But whether their efforts have actually reduced substance abuse among the people of Hazleton is difficult to measure. A representative from the national organization Community Anti-Drug Coalitions of America says, "their accomplishments are outstanding," but task force chairman Paul Brenner will not declare victory. "Yes, we're making a difference," he says, "but are we winning the battle? Hell, no."

Many of the task force members know the ravages of substance abuse too well to expect their efforts

to bring a dramatic change to their community in only 18 months. Frank Katona comes to his task force work with memories of a cousin and a nephew who died from heroin overdoses. He has two sons who are addicted to drugs. "It's heartbreaking. The reasons I'm doing it is because it hurts me. It's in my family, and I'm out there fighting it everyday."

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*Charlene Porter writes on global issues for the United States Information Agency*

# TRAINING FOR LIFE PREVENTS DRUG ABUSE

*An interview with Dr. Gilbert J. Botvin, a professor of psychiatry and public health at the Cornell University Medical College. Botvin is director of Cornell's Institute for Prevention Research, and developer of the Life Skills Training drug abuse prevention program. In describing the strengths of this program, Dr. Botvin told interviewer Charlene Porter why many traditional approaches to drug abuse prevention have failed.*

**Question:** How do you define "life skills," and what do they have to do with the choice someone makes to get involved with drugs?

**Botvin:** First of all, it's important to keep in mind that the high-risk period for early involvement with drug use occurs at the beginning of adolescence. So we're talking about a problem that, by and large, has its genesis in childhood and adolescence. It's become clear to us that there isn't a single or even a few small factors that are involved in promoting drug use, but a complicated mix of factors. On the one hand, there are social influences, external influences — from the environment, from the media — that are promoting drug use. Influences are also coming from one's peers, one's friends. In addition, a number of other factors tend to promote drug use, and they relate to one's internal motivations to use drugs. So you have external factors promoting drug use, and internal pressures that might motivate one to use drugs.

It's our belief that the most effective types of prevention programs teach kids a set of general life skills that they can use to deal with the challenges of their everyday lives as adolescents. By enhancing their competency in these skills, we not only reduce their motivations to use drugs, but also their vulnerability, their susceptibility to the external pressures. In addition to general life skills, we are also teaching them information and skills

that are specific to the problem of drug abuse. For example, we teach them how to effectively resist social pressure, how to resist pressure coming from the media and pressure coming from their friends, how to effectively say "no," how to identify and avoid high risk situations where they know they may be pressured to use drugs.

There are two general categories of life skills that we teach. One category is a set of self management skills to enhance a sense of personal control and empowerment — skills in making decisions, skills for coping with stress and anxiety. We also teach a set of social skills, such as communication skills, conversation skills, assertiveness, and skills that would help youth meet new people and make new friends.

Most of us have learned these skills as adults. Some of us have learned these things by observing the behavior of adults while we were growing up, but kids are increasingly spending more time with other kids. They're spending less time with adults, so you have a situation of the blind leading the blind. So we think it's important to teach these skills in a systematic way in a prevention program. By this combination of teaching general skills and problem-specific informational material related to drug abuse, we can cut drug abuse by 50 to 60 percent.

**Q:** Being a better communicator, knowing how to make friends — what do those skills have to do with whether a kid is going to try drugs or not?

**A:** People have misunderstood the causes of drug abuse. It's not a simple decision that people make to use drugs or not use drugs. All the traditional approaches to provide kids with information about the dangers of smoking, drinking, and using illicit drugs have largely failed. Research studies

evaluating those kinds of information dissemination approaches — or even approaches using scare tactics to emphasize the dangers of drug use — studies show that these approaches are totally ineffective.

The problem is much broader, and you need a holistic approach, one that's designed to target several different risk factors. A lot of the life skills that we're teaching are really protective factors. They're a way of buttressing kids up and decreasing their motivations.

Various factors promote drug use. For different kids, different factors seem to be more important. Some kids may use drugs if, for example, they feel uncomfortable in social situations. They may use drugs because they think it's going to help them deal with their social anxiety. By teaching them anxiety management techniques you give kids adaptive life skills, and those kids won't need to medicate themselves to deal with negative feelings coming from social anxiety.

Another aspect of this is that kids want to use drugs to gain entree into a certain peer group, to be accepted by a certain group of kids, or as a way of being more popular. By teaching them a set of social skills that enables them to meet new people and build healthy friendships, you reduce the motivation of kids to use drugs.

It's important to make kids aware of the fact that most kids don't use drugs. Kids seem to overestimate how many kids their own age, as well as how many adults, use drugs. That sense of "everybody's doing it" puts pressure on each and every kid to conform to what they perceive to be a norm, but which is a misconception. By making kids aware of the fact that most kids don't use drugs, by making kids aware of the fact that it's normal not to use drugs, you reduce the pressure to conform to these external standards that don't really exist.

So it's really a combination of all these factors together — those that relate specifically to drug use and pressure to use drugs, as well as these more general life skills that give kids an increased sense of personal control and self-esteem, that decrease their anxiety in social situations, give them

techniques to deal with many of the challenges that they confront in life, and, in general help them to be more happy and successful.

**Q:** You mention programs that emphasize the dangers of drugs have not been very effective, according to some studies. Is it because they lack this multi-dimensional approach you describe? Are they too one-dimensional?

**A:** Yes, that's exactly right. The information dissemination programs have been the ones I've highlighted because they've been the traditional approach to drug abuse prevention in America.

It seems logical that they would be effective. Your kids are using drugs, and you make them more aware of the dangers of using drugs, and they're likely to make a rational decision not to use drugs. But kids don't formally make a decision to use drugs. They slip into it. They gravitate toward using drugs, without formally thinking about it in most cases. It's not a rational process, so approaching it in a rational way by giving them knowledge and information doesn't help solve the problem.

It really is this multi-dimensional aspect of the problem that has been missed by past prevention approaches and has been incorporated into the Life Skills Training program. It really takes a comprehensive, holistic approach.

**Q:** One explanation that we frequently hear about a youngster who's gotten involved in drugs is that he "fell into the wrong crowd." How does Life Skills Training work to prevent a youngster from "falling in" with the wrong crowd?

**A:** In a couple of ways. By giving kids a set of general life skills, it helps them to succeed as adolescents. Kids who are having a hard time with adolescence — socially, athletically, or academically — those kids tend to gravitate toward a deviant peer group. They tend to move away from the kids who are on the success track, and gradually get on what researchers call a "different trajectory" in life. In some case, they move toward the deviant peer group because they think that's the only group that will accept them. They see themselves as losers. On the other hand,

they may reject the values of the kids who are on the success track — those who are doing well in school and doing well in sports — and gravitate toward a more deviant set of values. Again, it's a combination of these internal and external reasons.

Some kids have a characteristic that's been referred to as sensation seeking. They are kids looking for high stimulation, for more excitement in life. Not all kids fall into this category, but a number of kids who are interested in using drugs have this characteristic of the high-sensation seekers. Taking risks, doing dangerous things, riding motorcycles, sky-diving — kids who gravitate to these activities will often also use drugs.

So the Life Skills Training program, by teaching kids this variety of skills, reduces the likelihood that kids will gravitate toward a more deviant social network.

**Q:** What about the sensation-seekers? Is Life Skills Training something that can tame that search for the thrill?

**A:** It can't entirely, but it can to some extent. In the anxiety reduction skills, we teach relaxation training techniques to help kids gain control of their feelings when they start feeling stressed or anxious. It teaches them how to relax, to feel calm. These things are helpful for kids with attention deficit disorder or who may have a sensation-seeking personality. We have found that Life Skills Training does reduce risk taking. By having a set of skills to be in control of their own lives, kids are better able to not only control their impulses, but also to get on a success track and to develop feelings of excitement through more adaptive means than using drugs.

**Q:** What is the role of the parent as the child is learning these new coping skills?

**A:** That's part of this equation that we've just started to experiment with in the last couple of years. We're trying to make parents aware of the importance of monitoring their kids' behavior, making sure they're supervised, making sure they know who their kids' friends are. They need to assess the friendship network, and if kids are starting to gravitate toward a deviant peer group, then the parents can intervene to prevent that. It's

relatively easy early on to prevent that. As kids get older, as kids become more entrenched with a deviant peer group, it becomes more difficult to change that.

Parents also need to make their children aware there's an anti-drug ethic in the family, an anti-drug norm. They should communicate that clearly. Parents need to set appropriate and fair rules and standards of conduct, and have punishment that's reasonable. There's a bi-modal distribution when it comes to discipline. As you might expect, kids coming from families where the parents are permissive are at a very high risk for using drugs. But also, those kids who come from families where the discipline is particularly harsh are at high risk for using drugs. Finding a happy medium between these two extremes is often a challenge, but parents need to be informed about the dangers of being either too permissive or too harsh in their disciplinary practice.

**Q:** So do you have great faith in the power of intervention to prevent drug abuse?

**A:** Yes and no. It's important to keep this in perspective. We have 20 years of research demonstrating that the Life Skills Training approach can cut drug use in half when you compare the kids in schools getting Life Skills Training with those in schools where they didn't receive the training. We have over a dozen studies published in scientific journals showing that this kind of prevention approach can significantly and dramatically reduce drug use. Our success rates go as high as 90 percent, but let's use a 60 percent success rate, for example, to illustrate this point. If we say that Life Skills Training, when offered to a particular group, will produce a 60 percent reduction in the number of kids who will turn to drugs, you're still missing 40 percent. Even the most effective prevention program is going to miss a lot of kids. So that's an important challenge.

Another important challenge: a prevention program, no matter how good it is, will tend to erode over time, unless you have ongoing intervention, what we refer to as a "booster" session. This is particularly true in the critical junior high school years.

I have a lot of faith based on the research evidence

we have. But are we reaching everybody? No. There's still a substantial number of kids we're not reaching.

**Q:** Is it possible to reach every kid, or do you fear such a program is beyond our capabilities?

It is clearly beyond our capabilities right now. The jury's out on what our capabilities might be in the future. I'm confident we can increase and improve the effectiveness of our prevention programs. As knowledge develops, and we get a clearer idea on the underlying causes of drug abuse, it will make it easier for us to improve and refine our prevention approaches.

Most of what we've tried hasn't worked very well. It's important that we get beyond the conventional wisdom that prevention doesn't work, which does

seem to be prevalent in the general public, and in the halls of Congress to some extent. We need to disseminate information firstly, and most importantly, that prevention can work. There are approaches out there that can make a difference if they're implemented carefully and properly. The second important point is that we've learned a lot in the past 20 years about what works and what doesn't work, but there's a huge gap between what researchers know and what practitioners continue to do. So we need to successfully translate what we've learned in the research arena into action by reaching out to program providers, prevention practitioners, and educators. We need to show them specifically the kinds of approaches that are effective.

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*Charlene Porter follows global issues for the United States Information Agency.*

# REPORTS AND DOCUMENTS

## GROWING UP DRUG-FREE: A PARENT'S GUIDE TO PREVENTION

*The following is an excerpt from a publication distributed to parents by the U.S. Department of Education's Safe and Drug-Free Schools Program. Since its first edition, 28 million copies have been distributed to parents across the country. The guide is also available on the world wide web: [www.ed.gov/offices/OESE/SDFS](http://www.ed.gov/offices/OESE/SDFS).*

### **YOUR CHILD'S PERSPECTIVE**

#### **Why A Child Uses Drugs**

Understandably, some parents of drug users think that their child might have been pressured into taking drugs by peers or drug dealers. But children say they choose to use drugs because they want to relieve boredom; feel good; forget their troubles and relax; have fun; satisfy their curiosity; take risks; ease their pain; feel grown-up; show their independence; belong to a specific group; or look cool.

Rather than being influenced by new friends whose habits they adopt, children and teens often switch peer groups so they can hang around with others who have made the same lifestyle choices.

Parents know their children best and are therefore in the best position to suggest healthy alternatives to doing drugs. Sports, clubs, music lessons,

community service projects, and after-school activities not only keep children and teens active and interested, but also bring them closer to parents who can attend games and performances. To develop a positive sense of independence, you could encourage babysitting or tutoring. For a taste of risk-taking, suggest rock-climbing, karate, or camping.

#### **What Our Culture Tells Children About Drugs**

Unfortunately, the fashions and fads that thrive in our culture are sometimes the ones with the most shock value. Children today are surrounded by subtle and overt messages telling them what is "good" about alcohol, tobacco, and drugs. Your children may see TV characters living in wealth and splendor off drug money, may stumble onto a website urging legalization of marijuana, may see their favorite movie stars smoking in their latest films, or may hear songs describing the thrill of making love while high.

To combat these impressions, put your television and computer in a communal area so you can keep tabs on what your children are seeing.

Sit down with them when they watch TV. Explore

the Internet with them to get a feel for what they like. Anything disturbing can be turned into a "teachable moment." You may want to set guidelines for which TV shows, films, and websites are appropriate for your child. (You also may want to reassure children that the world is not as bleak as it appears in the news, which focuses heavily on society's problems.)

In the same way, familiarize yourself with your children's favorite radio stations, CDs, and tapes. According to a recent survey, most teenagers consider listening to music their favorite non-school activity and, on average, devote three-to-four hours to it every day. Since many of the songs they hear make drug use sound inviting and free of consequences, you'll want to combat this impression with your own clear position.

## HOW TO TEACH YOUR CHILD ABOUT DRUGS

### Preschoolers

It may seem premature to talk about drugs with preschoolers, but the attitudes and habits that they form at this age have an important bearing on the decisions they will make when they're older. At this early age, they are eager to know and memorize rules, and they want your opinion on what's "bad" and what's "good." Although they are old enough to understand that smoking is bad for them, they're not ready to take in complex facts about alcohol, tobacco, and other drugs. Nevertheless, this is a good time to practice the decision-making and problem-solving skills that they will need to say "no" later on.

Here are some ways to help your preschool children make good decisions about what should and should not go into their bodies:

- Discuss why children need healthy food. Have your child name several favorite good foods and explain how these foods contribute to health and strength.
- Set aside regular times when you can give your son or daughter your full attention. Get on the floor and play with him; learn about her likes and dislikes; let him know that you love him; say that she's too wonderful and unique to do drugs.

You'll build strong bonds of trust and affection that will make turning away from drugs easier in the years to come.

- Provide guidelines like playing fair, sharing toys, and telling the truth so children know what kind of behavior you expect from them.
- Encourage your child to follow instructions, and to ask questions if he does not understand the instructions.
- When your child becomes frustrated at play, use the opportunity to strengthen problem-solving skills. For example, if a tower of blocks keeps collapsing, work together to find possible solutions. Turning a bad situation into a success reinforces a child's self-confidence.
- Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions.
- Point out poisonous and harmful substances commonly found in homes, such as bleach, kitchen cleanser, and furniture polish, and read the products' warning labels aloud. Explain to your children that not all "bad" drugs have warnings on them, so they should only eat or smell food or a prescribed medicine that you, a grandparent, or a babysitter give them.
- Explain that prescription medications are drugs that can help the person for whom they are meant but that can harm anyone else — especially children, who must stay away from them.

### Kindergarten through third grade (5-8 years old)

A child this age usually shows increasing interest in the world outside the family and home. Now is the time to begin to explain what alcohol, tobacco, and drugs are, that some people use them even though they are harmful, and the consequences of using them. Discuss how anything you put in your body that is not food can be extremely harmful. How drugs interfere with the way our bodies work and can make a person very sick or even cause them to die. (Most children of this age have had

real-life experiences with a death of a relative or the relative of someone at school.) Explain the idea of addiction — that drug use can become a very bad habit that is hard to stop. Praise your children for taking good care of their bodies and avoiding things that might harm them.

By the time your children are in third grade, they should understand:

- how foods, poisons, medicines, and illegal drugs differ;
- how medicines prescribed by a doctor and administered by a responsible adult may help during illness but can be harmful if misused, so children need to stay away from any unknown substance or container;
- why adults may drink alcohol but children may not, even in small amounts — it's harmful to children's developing brains and bodies.

#### **Grades four through six (9-11 years old)**

Continue to take a strong stand about drugs. At this age, children can handle more sophisticated discussion about why people are attracted to drugs. You can use their curiosity about major traumatic events in people's lives (like a car accident or divorce) to discuss how drugs can cause these events. Children this age also love to learn facts, especially strange ones, and they want to know how things work. This age group can be fascinated by how drugs affect a user's brain or body. Explain how anything taken in excess — whether it's cough medicine or aspirin — can be dangerous.

Friends — either a single best friend or a group of friends — are extremely important during this time, as is fitting in with the group, and being seen as "normal." When children enter middle or junior high school, they leave their smaller, more protective surroundings and join a much larger, less intimate crowd of preteens. These older children may expose your child to alcohol, tobacco, or drugs. Research shows that the earlier children begin using these substances, the more likely they are to experience serious problems. It is essential that your child's anti-drug attitudes be strong before entering middle school or junior high.

Before leaving elementary school, your children should know:

- the immediate effects of alcohol, tobacco, and drug use on different parts of the body, including risks of coma or fatal overdose;
- the long-term consequences — how and why drugs can be addicting and make users lose control of their lives;
- the reasons why drugs are especially dangerous for growing bodies;
- the problems that alcohol and other illegal drugs cause not only to the user, but the user's family and world.

Rehearse potential scenarios in which friends offer drugs. Have your children practice delivering an emphatic "That stuff is really bad for you!" Give them permission to use you as an excuse: "My mom will kill me if I drink a beer!" "Upsetting my parents" is one of the top reasons preteens give for why they won't use marijuana.

Teach your children to be aware of how drugs and alcohol are promoted. Discuss how advertising, song lyrics, movies, and TV shows bombard them with messages that using alcohol, tobacco, and other drugs is glamorous. Make sure that they are able to separate the myths of alcohol, tobacco, and other drug use from the realities, and praise them for thinking for themselves.

Get to know your children's friends, where they hang out, and what they like to do. Make friends with the parents of your children's friends, so you can reinforce each others' efforts. You'll feel in closer touch with your child's daily life and be in a better position to recognize trouble spots. (A child whose friends are all using drugs is very likely to be using them, too.) Children this age really appreciate this attention and involvement. In fact, two-thirds of fourth-graders polled said that they wished their parents would talk more with them about drugs.

#### **Grades seven through nine (12-14 years old)**

A common stereotype holds that teenagers are

rebellious, are ruled by peer pressure, and court danger even to the point of self-destructiveness. Although teens do often seem unreceptive to their parents as they struggle to become independent, teens need parental support, involvement, and guidance more than ever.

Young teens can experience extreme and rapid shifts in their bodies, emotional lives, and relationships. Adolescence is often a confusing and stressful time, characterized by mood changes and deep insecurity, as teens struggle to figure out who they are and how to fit in while establishing their own identities. It's not surprising that this is the time when many young people try alcohol, tobacco, and other drugs for the first time.

Parents may not realize that their young teens feel surrounded by drug use. Nearly nine out of ten teens agree that "it seems like marijuana is everywhere these days." Teens are twice as likely to be using marijuana as parents believe they are, and teens are getting high in the places that parents think are safe havens, such as around school, at home, and at friends' houses.

Although teens may not show they appreciate it, parents profoundly shape the choices their children make about drugs. Take advantage of how much young people care about social image and appearance to point out the immediate, distasteful consequences of tobacco and marijuana use — for example, that smoking causes bad breath and stained teeth and makes clothes and hair smell. At the same time, you should discuss drugs' long-term effects:

- the lack of crucial social and emotional skills ordinarily learned during adolescence;
- the risk of lung cancer and emphysema from smoking;
- fatal or crippling car accidents and liver damage from heavy drinking;
- addiction, brain coma, and death.

#### **Grades ten through twelve (15-17 years old)**

Older teens have already had to make decisions

many times about whether to try drugs or not. Today's teens are savvy about drug use, making distinctions not only among different drugs and their effects, but also among trial, occasional use, and addiction. They witness many of their peers using drugs — some without obvious or immediate consequences, others whose drug use gets out of control.

To resist peer pressure, teens need more than a general message not to use drugs. It's now also appropriate to mention how alcohol, tobacco, and other drug consumption during pregnancy has been linked with birth defects in newborns. Teens need to be warned of the potentially deadly effects of combining drugs. They need to hear a parent's assertion that anyone can become a chronic user or an addict and that even non-addicted use can have serious permanent consequences.

Because most high school students are future oriented, they are more likely to listen to discussions of how drugs can ruin chances of getting into a good college, being accepted by the military, or being hired for certain jobs.

Teenagers tend to be idealistic and enjoy hearing about ways they can help make the world a better place. Tell your teens that drug use is not a victimless crime, and make sure they understand the effect that drug use has on our society. Appeal to your teen by pointing out how avoiding illegal drugs helps make your town a safer, better place, and how being drug-free leaves more energy to volunteer after school for tutoring or coaching younger kids — activities the community is counting on.

Your teenager may be aware of the debate over the legalization of marijuana and whether or not doctors should be able to prescribe it for medicinal purposes. The idea that there might be legitimate health advantages to an illegal drug is confusing. Now that your teenager is old enough to understand the complexities of this issue, it is important to discuss it at some point — perhaps during a teachable moment inspired by a news report. You may want to let your teen know that the ingredient in marijuana that has some medicinal value — delta-9-tetrahydrocannabinol (THC) — can already be prescribed by doctors in

a pill form that doesn't contain the cancer-causing substances of smoked marijuana. Other medical painkillers include codeine and morphine, both of which have been determined safe for prescription use after rigorous testing and review by scientific medical organizations.

It is important that parents praise and encourage teens for all the things they do well and for the positive choices they make. When you are proud

of your son or daughter, tell him or her. Knowing they are seen and appreciated by the adults in their lives is highly motivating and can shore up their commitments to avoid drug use. Your teen may also be impressed by the importance of serving as a good role model for a younger brother or sister.

# COALITION BUILDING 101

*The following article is adapted from a publication of the Community Anti-Drug Coalitions of America, a private non-profit organization based in Alexandria, Virginia.*

## INTRODUCTION

Building a coalition to combat substance abuse problems in your community is not an easy task. Perseverance, compromise, patience, and long-term commitment are all required. Group leaders need the skills of brokers, salesmen, and fund-raisers. In spirit, they need to be determined idealists.

### STEP 1. DEFINE THE PROBLEM AND ITS IMPACT ON THE COMMUNITY

Determine the scope and nature of the problem in the community. Who is using drugs? What kinds of drugs are being used? Has there been a recent increase or decrease in drug abuse? Was the change caused by a community event? What are the specific negative effects felt by the community due to drug use?

Use as many sources of information as possible in attempting to answer these questions. The goal of your investigation should be to target resources and problems to meet your community's needs. Go beyond mere anecdotal evidence to be effective.

Sometimes it helps to broaden the perspective of those who will be part of the coalition by looking at substance abuse on a continuum, which extends from non-use to recovery.

- Non-users: Only a small part of the population — thought to be 10 percent or fewer — abstains from all use of non-medicinal drugs.

- Drug users: 90 percent of adolescents try alcohol or some other drug at least once before they leave high school (in this category, everything counts — even that sip of champagne at home with the family).
- Drug abusers: Those who use alcohol and/or drugs to alter their state of mind constitute 50 percent of the youth in the United States.
- Chemical dependency: Addiction is a brain disease, identified as such by the National Institute on Drug Abuse (NIDA). Research has also linked a genetic predisposition to addiction that is similar to the predisposition risk factor of some diseases. If both of your parents are addicted, your chance of inheriting the risk is 90 percent.
- Recovering individuals: These are individuals who have made a commitment to stop their substance abuse. They need a lot of support and encouragement.

### STEP 2. IDENTIFY KEY STAKEHOLDERS

Coalitions need to involve:

- Representatives from each sector of the community
- Diverse cultural and ethnic groups
- People with influence in the community
- People most affected by the problem
- Business community
- Service organizations

### STEP 3. CONVENE A MEETING

Schedule your meeting in the evening in a recognizable neighborhood facility such as a religious institution, recreation center, or school. Promote attendance widely.

Make sure you gather names, addresses, and phone numbers for those attending. Choose a meeting facilitator who can keep the pace moving, remain focused on the meeting objectives, act as mediator in case of controversy, and treat everyone in attendance with respect.

Proceed with the attitude that no comment or idea is silly (unless racially bigoted or favoring violence). Designate someone to record every concern and/or solution that is mentioned.

Do not become discouraged if only a few people attend. Analyze the reasons for low attendance and make adjustments for the next meeting.

### STEP 4. SHARE PERSPECTIVES

At the first meeting, various perspectives about the causes of drug use and how to solve the problem must be shared. The coalition convener should encourage everyone to participate in the discussion and to frame their comments as problem statements with a goal to ultimately articulating a vision for the community.

Substance abuse affects everyone, in every community, in very different ways. For example, there are those who believe this is exclusively an issue of crime and punishment. At the other end of the continuum are those who see the problem purely as a disease of addiction. And, of course, there are many people with varying attitudes in-between. What keeps people apart is that each person has had only one "slice" of experience. One of the real strengths of a coalition is that in the end, many people with many different experiences can collectively formulate a vision that is accurate and meaningful.

### STEP 5. DISCUSS THE CURRENT REALITY AS WELL AS THE IDEAL

What is the substance abuse reality in your community? What drugs are being used? Who is

using them? Where are drugs sold and used? You'll paint this picture using both hard and soft data. The hard data involves statistical, survey, and other epidemiological results (from Step 1). The soft data reflect what the coalition members and the community see and perceive. Both have equal importance to understanding the scope of the problem.

Craft a clear statement of how you would like to change the situation in your community. It is not enough to simply say: "We want to end alcohol and drug abuse in our community." That's too broad, and it isn't going to happen. Instead, set 10 or 15 goals for your group to accomplish. You have to know where you are going before you can develop a plan to get there.

Make sure that the following procedures are utilized for making coalition decisions: consensus, democratic voting, and organizational vetoes.

### STEP 6. CREATE A VISION FOR YOUR COMMUNITY

The vision statement paints the big picture, stating where the organization is and where it needs to be going. A vision is not a plan. A vision means identifying precisely what you want to do. The "how to" comes later. A vision statement should always be positive and inspirational.

### STEP 7. DETERMINE THE NEXT STEPS

You've recruited participants. Be sure everyone knows what is to be done next and establish a timetable for accomplishing these goals. Set a date for the next meeting now.

The next logical step is called strategic planning.

- Establish a strategic planning committee and define purpose.
- Delineate rules of participation, such as commitment, time, and responsibility.
- Identify sufficient data resources and educate those involved on the issue.

- Assess the substance abuse prevention resources already available in your community. Involve those organizations in your effort.

Never lose sight of the fact that changing and organizing a community takes time, effort, and perseverance. But the rewards are worth it!

# WAYS TO FIGHT DRUGS

By Robert A. Babbage, Jr.

## States Are Making Progress in Combating Illegal Drugs

Some say total victory in the fight against drugs is unlikely, but a new national survey shows states are winning critical battles.

A survey of all states and territories by the Council of State Governments (CSG) shows effective programs are promoting unprecedented cooperation among law enforcement officials, delivering measurable damage to the drug trade, and setting innovative traps for drug dealers.

Most important, states are finding the workable components of a comprehensive anti-drug strategy, including reducing the supply of illicit drugs, making drug dealing less profitable, and promoting prevention.

"Our mission is nothing less than a mission of salvation," said Gov. Pedro Rossello of Puerto Rico May 1998 before the Council of State Governments' President's Task Force on Fighting Drugs. Rossello formed the task force of state officials from across the nation in his role as CSG president, and achieved a great deal of success.

## Removing the Profit

In Chicago, special drug prosecution units focus on the seizure and forfeiture of drug profits. During 1992-97, eight units of federal, state, and local professionals were responsible for \$16 million in U.S. currency forfeited, some \$3.4 million in 1997 alone. These units serve as prosecutorial support for a statewide network of metropolitan enforcement groups.

The Chicago effort is funded with a federal Edward Byrne Memorial Fund Grant. The grant's

primary goal is to attack illicit drug profits. Many states trace their ability to expand anti-drug measures to use of Byrne grants.

## Stopping the Flow

Another example of federal, state, and local cooperation is the High Intensity Drug Traffic Area (HIDTA) effort funded by the federal government. Typically, federal HIDTA funds encourage intergovernmental cooperation against the drug trade in geographic areas where it is a major problem. David Knight, who runs the Gulf Coast HIDTA out of Metairie, Louisiana, says the HIDTA task force of local, state, and federal narcotics agents targets violent drug traffickers. Federal funding has made advanced training and overtime pay available for agents.

Highway interdiction, an outgrowth of HIDTA, is nabbing several hundred drug violators annually and intercepting thousands of pounds of illegal narcotics around Baton Rouge, Louisiana. Major Ed Kuhnert of the state police said state overtime pay made the effort possible. "We're working cases that would have been impossible to do five or 10 years ago.

Similar efforts across the country are producing results. The North Dakota Highway Patrol installed highway signs reading "State Police Ahead" or "Drug Interdiction Ahead" to worry the guilty and comfort law-abiding drivers. The patrol stopped 221 vehicles in 1997, warned 100 drivers, and issued criminal arrests for 118.

HIDTA authorities in the Baltimore, Maryland/Washington, D.C. area analyze multi-state telephone number databases to identify drug sellers' telephone calls to likely drug sources. The effort has uncovered suspected drug criminals

locally as well as in New York, Los Angeles, and Miami, and led to wider interstate cooperation in the fight against drug trafficking.

In the U.S. commonwealth of Puerto Rico, police use X-ray equipment, trained dogs, and special agents funded by HIDTA to seize drugs aboard passenger or cargo flights at the international airport.

Washington state is taking on the growing problem of methamphetamine, a uniquely American drug. Since its start in 1996, a special team of the State Patrol has nearly doubled the state's seizure rate of "meth" labs and has arrested numerous drug dealers. Captain Daniel E. Davis of the State Patrol said federal funds made the seizures possible, but he said additional state funding would enable the program to expand. A state law, House Bill 2628, which took effect in June 1998, targets methamphetamine production and is considered a model for other states.

Wisconsin, through its National Guard, makes available to other states on request a C-26 aircraft to support the drug war. The C-26 has been used by 12 states to get vital aerial photography and thermal imagery.

The National Guard in 10 other states also makes specialized aircraft available. Colonel Russ Erler of the National Guard Bureau in Washington, D.C., said the C-26 helps detect indoor and outdoor marijuana operations and meth labs. It also offers surveillance of other aircraft and vessels.

If a criminal in Delaware expects to receive drugs by private delivery services such as Federal Express or UPS, a surprise may be in store. The delivery might be made by a police officer. Delaware State Police funded a cooperative effort to identify and interdict drug shipments. Once identified, drug packages are resealed and delivered by police officers, who follow up with enforcement action.

### **Prevention Efforts**

States are reducing the demand for drugs in a variety of ways.

Oklahoma is curbing the abuse of legal prescription drugs. An electronic tracking system

logs every narcotic-containing medication in the state that is designated schedule-II under federal law. These are typically habit-forming drugs such as Percodan or Tylox. The goal is to spot "doctor shoppers" — people who go to multiple physicians to get the same prescription, such as frequently abused medications like painkillers. The Oklahoma State Bureau of Narcotics identifies emerging trends in prescription abuse. In 1997, a University of Oklahoma study showed the program to be a valuable deterrent to drug abuse.

In Connecticut, a prevention effort takes the form of public education. The State Police Narcotics Task Force sponsors a speaker's bureau comprising 542 officers. They gave more than 1,000 presentations to almost 121,000 people last year.

Some states direct prevention efforts at youth. With federal funding, Iowa gives youthful offenders, ages 17-21, intensive supervision, education, substance abuse treatment, and life-skills training. And it works. An independent evaluation found that 64 percent of offenders who complete the program do not commit new crimes compared to 24 percent who do not complete the program.

In Philadelphia, Pennsylvania, the Across Ages program matches high-risk sixth graders with elder mentors. Older adults use their skills and experience to provide support for vulnerable youth, and the youth are encouraged to provide community services for frail elders. Andrea Taylor, the project director, said, "Across Ages is a winning combination. It's an easy model to replicate. The program gives kids hope. You can't do that by lecturing. Kids need a model. All the research shows that kids need the presence of a significant adult. If not from their families, there are a lot of good people out there."

Temple University's Center of Intergenerational Learning administers Across Ages with foundation, community, and public funding. Independent evaluation confirms measurable student improvements in attitude toward school, elders, and their own future, as well as their knowledge about drugs and their reaction to situations involving drug use.

William B. Hanson created All Stars to get kids to think about their futures and the consequences of their actions. The program is taught as part of the health curriculum and opens opportunities for children to discuss ideas, opinions, and goals with their parents. Graduates of the program at Lexington Middle School in Winston-Salem, North Carolina, are given silver rings with small stars on them that remind the participants of commitments made about drinking, smoking, sex, substance abuse, and other issues.

In Cranston, Rhode Island, teams of young people design community programs in substance abuse prevention, with the support of adult leaders. The effort is keeping kids involved. An independent count shows that more than 70 percent of the participating youths take part in community-based prevention the following year.

Numerous states and local jurisdictions have adopted a drug court model that prescribes a combination of treatment and graduated sanctions for nonviolent drug offenders and other eligible offenders who volunteer for the program. Successful completion of the treatment and sanctions means a reduced sentence, dismissed charges, or lessened penalties.

Judge Mary Noble, who has received national honors for establishing a successful drug court in

Lexington, Kentucky, said the concept "asks judges to do more, and is paying off."

She emphasizes accountability. "They (the convicted persons) know they are facing the music. There is a connection between the judge and defendant. They are face-to-face each week. No one has ever paid that much attention."

Noble insists that offenders have full-time jobs or be full-time students, participate in accepted support groups, see a counselor on a regular basis, keep a daily journal, and live in a stable environment. "A key is frequent, random drug tests," Noble said.

As states pursue comprehensive solutions and perfect models with verified success, they are gradually eradicating drug abuse.

(Robert A. Babbage, Jr., is senior managing partner of InterSouth, Inc., a decision management firm. He served as Kentucky's elected state auditor from 1988-92 and secretary of state from 1992-96. Recently, he served as a CSG senior fellow in the areas of criminal justice and corrections.)

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# SELECTED INTERNET RESOURCES

## GOVERNMENT RESOURCES

### **The Office of National Drug Control Policy (ONDCP)**

<http://www.whitehousedrugpolicy.gov/>

The Office of National Drug Control Policy is organized within the Executive Office of the President. ONDCP coordinates federal, state, and local efforts to control illegal drug abuse and devises national strategies to effectively carry out anti-drug activities. The site includes information on prevention and education programs and materials.

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

<http://www.samhsa.gov/>

SAMHSA is the federal government's lead agency for improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services. It is an agency of the U.S. Department of Health and Human Services.

### **Center for Substance Abuse Prevention (CSAP)**

<http://www.samhsa.gov/csap/>

CSAP is a component of SAMHSA, the Substance Abuse and Mental Health Services Administration. CSAP supports and promotes comprehensive prevention systems and community involvement.

### **National Clearinghouse for Alcohol and Drug Information (NCADI)**

<http://www.health.org/>

NCADI is the information service of the Center for Substance Abuse Prevention of the U.S. Department of Health and Human Services. NCADI is "the world's largest resource for current information and materials concerning substance abuse." The site includes material in Spanish.

### **National Institute on Drug Abuse (NIDA)**

<http://www.nida.nih.gov/>

NIDA is part of the National Institutes of Health,

U.S. Department of Health and Human Services. The Institute provides national leadership and conducts and supports research and information dissemination with respect to the prevention and treatment of substance abuse.

### **U.S. Information Agency. Narcotics and Substance Abuse**

<http://www.usia.gov/topical/global/drugs/subab.htm>

Focus of this site is on U.S. government policy as well as community coalitions and organizations involved in prevention and treatment.

## COMMUNITY COALITIONS/ ORGANIZATIONS

### **American Council for Drug Education (ACDE)**

<http://www.acde.org/>

ACDE develops programs and materials.

### **Community Anti-Drug Coalitions of America (CADCA)**

<http://www.cadca.org/>

CADCA works with community coalition members to realize its vision: Drug-free communities.

### **Council on Prevention and Education**

<http://www.copes.org>

Programs for personal growth and family enhancement that will increase children's resilience to substance abuse.

### **Join Together Online**

<http://www.jointogether.org/>

Join Together supports community-based efforts in the fight against substance abuse.

### **National Center for Addiction and Substance Abuse at Columbia University (CASA)**

<http://www.casacolumbia.org/>

The Center is a resource for research on addiction and substance abuse. It explores the costs and

impact of substance abuse treatment, as well as prevention and treatment information.

**National Crime Prevention Council (NCPC)**

*<http://www.ncpc.org/>*

NCPC provides useful information about crime prevention and community building here, with some material in Spanish.

**Partnership for a Drug-Free America**

*<http://www.drugfreeamerica.org/>*

The Partnership for a Drug-Free America is a non-profit coalition of professionals from the communications industry. Their mission is to

reduce illegal drug use by changing public attitudes toward it.

**PRIDE (Parents Resource Institute for Drug Education)**

*<http://www.prideusa.org>*

The primary goal of PRIDE is to alert youth and the community about drug violence and to promote drug-free living.

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**Confronting  
Drugs**

# Community Initiatives

